



Tennessee Department of Human Services

Consolidated Appeal Request

Use this form only if you want to file an appeal (this is a request for a hearing). Your local DHS office may help you fill out this form. You may file this form with Clerk's Office, whose contact information is on the back of this form.

Appellant First Name	Appellant Last Name	Telephone Number(s)
Street Address	City, State & Zip Code	Email Address
Mailing Address (if different than above)	City, State & Zip Code	Social Security Number

Will you need an interpreter in the hearing? ☐ Yes ☐ No what language? _____

Do you need documents to be translated? ☐ Yes ☐ No what language? _____

Which program(s) are you appealing? ☐ SNAP (Food Stamps) ☐ Families First ☐ Child Support
☐ Vocational Rehabilitation ☐ Tennessee Business Enterprises ☐ Child and Adult Care Food Program
☐ Essential Employee Child Care Payment Assistance ☐ Child Care (Families First) ☐ Child Care (Non-TANF)
☐ Summer Food Program ☐ P-EBT ☐ Other Program: _____

Will someone else represent or assist you during the hearing? ☐ Yes ☐ No If yes, tell us who.

First & Last Name of Representative	Representative's Firm (if applicable)	Telephone Number(s)
Street Address	City, State & Zip Code	Email Address
Mailing Address (if different than above)	City, State & Zip Code	Representative's Relation to You

Tell us why you're appealing or what happened that you disagree with. You may attach additional pages _____

For P-EBT appeals, complete this section:

☐ I disagree with amount awarded OR benefits were not received for all eligible children.

Please enter all children Information below:

First Name:	Middle Name:	Last Name:	Date of birth	School District	School Name

For SNAP, Families First, Non-TANF Child Care and Child Support appeals complete this section:

Do you want your hearing to be held in person or by telephone? ☐ In Person ☐ Telephone

☐ I WANT my benefits to continue until the hearing decision is made. I understand that if the decision is not in my favor, I may have to pay back the benefits. I want the following benefits to continue:

☐ SNAP (Food Stamps) ☐ Families First ☐ Child Care (Families First) ☐ Child Care (Non-TANF)

☐ I DO NOT WANT my benefits continued while the hearing decision is pending.

For Child Support appeals, what is the name of the other parent? _____

Note: This form is for appealing administrative actions. It CANNOT be used to appeal action taken by a court.

For Vocational Rehabilitation appeals, has an informal review been conducted by Vocational Rehabilitation staff?

☐ Yes ☐ No

For Child and Adult Care Food Program and Summer Food Program appeals, your appeal will be handled through a desk review, unless you specifically request that a hearing be held. Some appeals are required to have a desk review. Do you request that a hearing be held if allowed by law? ☐ Yes ☐ No

Complete this part if you are helping someone else fill out this paper:

Name: _____ Daytime phone: _____ - _____ - _____ Alternate phone: _____ - _____ - _____

How do you know the person who is appealing? Please check appropriate box: ☐ Parent

☐ Relative ☐ Friend ☐ Legal Guardian or Conservator ☐ Advocate ☐ Authorized Representative

☐ Doctor/Medical Staff ☐ Interpreter/Translator ☐ Other (describe) _____

Signature _____ **Date:** _____
(Appellant or representative)

How long do I have to file an appeal? (all calendar days)

Program	Time Limit to Appeal	Time Limit to Appeal and Have Benefits Continued
SNAP (Food Stamps)	90 days from the date of the notice	10 days from the date of the notice
P-EBT	10 days from the date of the notice	N/A
Families First	90 days from the date of the notice	10 days from the date of the notice
Child Care Services (Non-TANF-Families First)	10 days from the date of notice	10 days from the date of notice
Child Support	<ul style="list-style-type: none">20 days from the date of service of the notice in license revocation proceedings15 days of the date of the notice of administrative action for all other appeals	N/A
Vocational Rehabilitation	30 days from the date of the notice	Automatically continued, unless there is fraud or Appellant requests otherwise
Summer Food Program	10 days from the date on which the notice of action was received	N/A
Child and Adult Care Food Program	15 days from the date on which the notice of action was received	N/A
Essential Employee Child Care Payment Assistance	10 days from the date on which the notice of action was received	N/A

Where do I send this form? Appeal forms may be filed with the Clerk's Office, the Division of Appeals & Hearings.

Mail: James K. Polk Building, 1ST Floor
ATTN: Appeals Clerk's Office
PO Box 198996
505 Deaderick St.
Nashville, TN 37219-8996

Fax: (615) 248-7013 or (866) 355-6136
Phone: (866) 787-8209 or (615) 744-3900

Email: AppealsClerksOffice.DHS@tn.gov

What if I have questions?

Contact the Clerk's Office toll free at (866) 787-8209, or call your local DHS office.

What problems can I appeal?

For a general list of issues that can be appealed, please visit Tenn. Comp. R. & Regs. 1240-5-3 Fair Hearing Requests and refer to the notice of the Department's action for further information regarding your appeal rights. <http://publications.tnsosfiles.com/rules/1240/1240-05/1240-05-03.pdf>

For Child Support appeal questions visit: <https://www.tn.gov/content/dam/tn/human-services/hs/hs-2997.pdf>

In accordance with federal law and the policy of the U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS), this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs. To file a complaint or ask questions, contact one of these offices: HHS Office for Civil Rights, Atlanta Federal Center, Ste 3B70, 61 Forsyth Street, SW, Atlanta, GA 30303-8909, (404) 562-7886; (404) 562-7881 (FAX); (404) 331-2867 (TDD); USDA, Director, Office for Civil Rights, 1400 Independence Av, SW, Washington, DC 20250-9410; (800) 795-3272; (202) 720-6382 (TTY).

You may also contact the Tennessee Department of Human Services, Office of General Counsel, Compliance Officer, James K. Polk Building, 505 Deaderick Street, Nashville, TN 37243, (615) 313-4700.